

REMARKS

Applicants respectfully request further examination and reconsideration in view of the arguments set forth fully below. In the Office Action mailed December 2, 2005, Claims 1-22 have been rejected. In response, the applicants have submitted the following remarks. Accordingly, Claims 1-22 are pending. Favorable reconsideration is respectfully requested in view of the amended claims and the remarks below.

Rejections Under 35 USC §103

Claims 1-22 have been rejected under 35 USC §103(a) as being unpatentable over U.S. Patent No. 5,065,315 to Garcia (hereinafter Garcia), in view of U.S. Patent No. 5,732,401 to Conway (hereinafter Conway). The applicants respectfully disagree with this rejection.

Within the Office Action, it is stated on page 2 that Garcia discloses a method of assessing patient flow through care units of a hospital using a computer having a microprocessor comprising, collecting data regarding hospital statistics, and **assigning an hourly cost to each care unit for each patient**. The Office Action cites the abstract and columns 3 and 4. However, within the Office Action, it is also stated on page 4 that Garcia's fails "to explicitly teach an assignment module configured to assign a hourly cost to each unit for each patient...". Furthermore, after reviewing columns 3 and 4 of Garcia, the applicants respectfully submit that Garcia does not indeed teach assigning an hourly cost to each care unit for patient as described and claimed in the present invention. In fact, Garcia merely teaches a scheduling and reporting system for hospital patients including a means for entering location data regarding each patient and physician orders for hospital services to be performed for each patient. The system also includes means for scheduling the ordered services for each patient and for reporting the schedule information to a common area in the vicinity of each patients location [Garcia, column 3, lines 4-11].

Therefore, within the Office Action it is stated that Garcia does not teach building a model based upon collected data and hourly costs, and using the model to simulate the

flow of patients through the hospital, nor assigning an hourly cost to each care unit for each patient. The present invention teaches and claims assigning an hourly cost for each unit per patient, as described in the present invention, page 5, lines 11-22. As described above and admittedly, Garcia does not teach this step.

Conway teaches a system for tracking costs of medical procedures by monitoring the movements of personnel, supplies and equipment and processing data on these movements to produce detailed and accurate cost accounting records associated with particular services rendered (Conway, abstract). As described in the present invention, building a model based upon the collected data and hourly cost includes the model being preferably generated by a specialist, that could alternatively be generated automatically using a model generation program. The building step preferably includes a multi-level model of the key hospital care units, and then describing each unit in terms of numbers of monitored beds or other resources in an average length of stay. Beginning at the admission source point, one would assign the percentage of patients that go to each unit, and each care unit, in turn, is further described by the percentage of patients going to other care units, wherein the end point is discharge. The simulation will be started at the admission start point by describing the number of patients to be admitted per unit time and the length of time to run the model. The model will then generate patient flow according to each unit in a path in that units assigned characteristics (present invention, page 5, line 13 through page 6, line 13). Nowhere in Conway is it taught to build such a model nor to run a simulation based on such a model. Following, Conway then cannot teach using the model to simulate the flow of patients through the hospital. Conway merely teaches a system for tracking actual costs and medical procedures in a medical facility.

Furthermore, the applicants renew their assertion that the age of the cited references indicates a lack of some teaching or suggestion supporting the combination. Garcia was filed on October 24, 1989. Conway has a filing date of March 29, 1996. Even with the benefit of a filing date that is almost seven years later than Garcia, Conway still does not include some teaching or suggestion that art in each reference can and

should be combined. In other words, there is no teaching or suggestion in either reference to make the combination made in the Office Action.

The amended Claim 1 is directed toward a method of assessing patient flow through care units of a hospital using a computer having a microprocessor, comprising collecting data regarding hospital statistics, assigning an hourly cost to each care unit for each patient, building a model based upon the collected data and hourly cost, and using the model to simulate the flow of patients through the hospital. As described above, neither Garcia, Conway nor their combination teach assigning an hourly cost to each care unit for each patient, building a model based on the data nor using the model to simulate flow. For at least these reasons, the independent Claim 1 is allowable over the teachings of Garcia, Conway and their combination.

Claims 2-15 depend upon the independent Claim 1. As discussed above, the independent Claim 1 is allowable over the teachings of Garcia, Conway and their combination. Accordingly, Claims 2-15 are also allowable as being dependant upon an allowable base claim.

The amended Claim 16 is directed to a computer system for modeling patient flow through care units of a hospital comprising a collection module configured to accept data regarding hospital statistics, and an assignment module configured to assign an hourly cost to each unit for each patient, a module configured to build a model of the flow of patients through the hospital and a simulation module configured to simulate the flow of patients through the hospital. As described above, neither Garcia, Conway nor their combination teach an assignment module configured to assign an hourly cost to each unit for each patient, a model module nor a simulation module. For at least these reasons, the independent Claim 16 is allowable over the teachings of Garcia, Conway and their combination.

Claims 17 through 22 depend upon the independent Claim 16. As described above, the independent Claim 16 is allowable over the teachings of Garcia, Conway and their combination. Accordingly, Claims 17 through 22 are also allowable as being dependent upon an allowable base claim.

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For these reasons, applicants respectfully submit that all the claims are now in a condition for allowance, and allowance at an early date would be appreciated. Should the examiner have any questions or comments, they are encouraged to call the undersigned at 414-271-7590 to discuss the same so that any outstanding issues can be expeditiously resolved.

Respectfully submitted,

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